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UCLA Health Policy Brief: Diabetes and Obesity Prevalence Grows in California

The UCLA Center for Health Policy Research has released a policy brief highlighting the growing epidemics of obesity and diabetes in California. The prevalence of obesity among adults has increased from 19.3% in 2001 to 22.7% in 2007 in conjunction with the growth of diabetes diagnoses. The policy brief reports that the prevalence of diabetes is more than four times as high among adults who are obese compared to adults with average weight (15.8% vs. 3.7%). Obesity is a major risk factor for diabetes and the two conditions are risk factors for heart disease and other serious medical conditions. There are over 6 million adults who are obese and 9.3 million who are overweight, which when combined, accounts for about 43% of California's population. The diabetes prevalence has progressively grown from 6.2% in 2001 to 7.8% of the population in 2007. This is a 26% increase over six years.

The diabetes prevalence has progressively grown from 6.2% in 2001 to 7.8% of the population in 2007. This is a 26% increase over six years.

Impact of Obesity and Diabetes

The cost of these two growing epidemics has three major consequences that are deteriorating individual health, declining public health with increasing race/ethnicity health disparities, and increasing direct and indirect health care costs. . At the individual level, both conditions can lead to serious medical complications and death. At the societal level, the prevalence of both conditions has grown in all in all race ethnicity groups, but has disproportionately affected American Indians, African Americans, and Latinos. Since the risk of diabetes increases with age, the brief used age adjusted models that revealed Latinos, African Americans, and American Indians experience much larger increases in diabetes associated with age compared to whites. Another issue surrounding the societal impacts of the conditions are that those with little education and low income are disproportionately plagued by both obesity and diabetes. Diabetes prevalence is three times as high among adults with no high school education compared to those who graduated from college. The final important concern with regard to these conditions is health care costs to families, businesses, states and the nation. The cost of the diabetes in California is estimated to be \$24 billion with \$17 billion spent on direct medical costs for the condition and \$7 billion the on indirect costs linked with diabetes. The cost of obesity is estimated at \$21 billion.

(Continued on next page)

UCLA Health Policy Brief (Cont.)

Recommendations

Unfortunately, California will not achieve the 2010 Healthy People goals for diabetes and obesity. The prevalence of diabetes for California adults is at 23% and the Healthy People goal is 15%. Even more troubling numbers are the 13% of California adolescents that are obese, and the Healthy People goal for adolescent obesity is set at 5%. The brief cites several policy recommendations to reverse this trend. In recent years, California has passed important legislation that has encouraged healthy eating habits, taken sugary drinks out of schools, and required caloric information on menus. The legislature has done a commendable job passing public health policy legislation, but more efforts by state and local governments as well as communities must be attempted focusing on promotion of physical activity and nutrition. The researchers propose to increase physical activity by: allowing schools to be open to the community after hours and on weekends improve the quality of existing facilities and improving existing physical education at school. They also propose to improve nutrition through improved zoning for supermarkets and farmers markets, improved access to healthy foods and advocating for affordable healthy food.

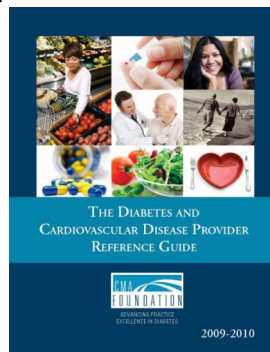
For a copy of the policy brief, please click [HERE](#).

Provider and Patient Resources

The CMA Foundation's Diabetes Quality Improvement Projects' release of this

Comprehensive Reference Guide for Clinicians provides you with:

- ⇒ Guidelines supporting the screening and diagnosis of type 2 diabetes, dyslipidemia & hypertension
- ⇒ Approaches to the clinical management of type 2 diabetes and related cardiovascular complications
- ⇒ Effective communication techniques
- ⇒ Health care provider and patient education resources
- ⇒ Billing and procedure codes



More than 30 experts engaged in the development of this Guide, and over 175 pages of guidelines and resources are available for your practice. You may view the guide at: http://www.thecmafoundation.org/projects/aped/Provider_DiabetesRefGuide2010.html. Here, you can print the Guide in full pdf format or simply print sections of interest.

Your help is needed!!!!

The Guide will be updated on an annual basis. Your input is valuable in this process. Please take the time to assist us by taking 1 minute to answer a brief survey and give feedback to improve this Guide.

<http://www.zoomerang.com/Survey/WEB22AS7G4SU9G>

If you have any questions or would like more information, please give Julie Vedolla-Fuentes a call or e-mail her at jvedolla-fuentes@thecmafoundation.org

DCC Guidelines



The Basic Guidelines for Diabetes Care (2009)

developed by the Diabetes Coalition of California and revised every two years, is a user friendly document with explanatory notes designed for clinicians and organizations. They include the essentials of core components of diabetes care. They are evidence based, valid for all ages groups and consistent with the American Diabetes Association's Clinical Practices Recommendations.

The Diabetes Coalition of California is an independent, not-for-profit organization working to improve the lives of people with diabetes in California.

For more information about the Diabetes Coalition of California, please go to: <http://www.diabetescoalitionofcalifornia.org/> Or for direct access to the guidelines please click [HERE](#)

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Provider/Patient Resources (Cont.)

Culturally appropriate materials in Spanish

If you have clients that are fluent in Spanish and need in-language educational materials, the Department of Health & Human Services's (HHS) Agency for Healthcare Research and Quality (AHRQ) has Spanish-language consumer guides available.



HHS has addressed the lack of culturally appropriate health information materials by developing handouts on the following topics:

- ⇒ Cancer/Cáncer
- ⇒ Heart and the Vascular System/Corazón y vasos sanguíneos
- ⇒ Digestive System/Condiciones de sistema digestivo
- ⇒ Diabetes/Diabetes
- ⇒ Pregnancy and Childbirth/Embarazo y parto
- ⇒ Common Conditions of Muscles, and Bones/Músculo, hueso, y condiciones comunes
- ⇒ Mental Health/Salud mental

Accessing health information in Spanish will encourage patients to seek care and work with their physicians to discuss their treatment options. Spanish speakers will

increase their knowledge in treatment options such as Premixed Insulin for Type 2 Diabetes: A Guide for Adults, Treating High Cholesterol: A Guide for Adults, Gestational Diabetes: A Guide for Pregnant Women, and other specific topics that are easy to understand.

To access all of AHRQ's Spanish-language guides for patients, go to <http://effectivehealthcare.ahrq.gov/index.cfm/informacion-en-espanol/> or call AHRQ's Publications Clearinghouse at (800) 358-9295. To access AHRQ's entire inventory of free Spanish-language consumer health information products, go to www.ahrq.gov/consumer/espanoix.htm.

Project Update

Health Care Leaders Come Together to Support Diabetes Quality Improvement Project

On Friday, September 17, the Diabetes QI Project (DQIP) convened its first Advisory Committee meeting of the year. This all-day meeting afforded the opportunity for stakeholders to strategize around the shared goal of improving the health and wellbeing of patients with diabetes. In attendance were physicians, pharmacists, health plan QI directors, medical malpractice carriers, representatives from the California Diabetes Program and the Diabetes Coalition of California, and pharmaceutical sponsors. This multidisciplinary group was able to provide direction to each of the three main project components. These components are Health Plan Partnership, Clinician Education and Leadership and Patient Engagement and Self Management.

Continued on Page 4

Health Care Leaders Come Together to Support Diabetes QI Project (Cont.)

The key takeaways from the meeting were:

1. **Improved patient health will only come from a broad collaboration of many partners, including physicians, pharmacists, health plans, medical societies, and patients themselves, among others.**
2. **The message is just as important as the messenger, i.e. clinicians will respond best when clinical improvement messages are given by clinicians, and practice improvement messages are given by QI or other practice improvement experts.**
3. **CMAF's strength is in connecting key resources, and should continue this work particularly concerning community resources.**

Staff wishes to extend a big “thank you” to all those in attendance. If you would like to participate in future Advisory Committee meetings, or lend your expertise in the development of any of the three project component areas, please contact Senely Navarrete, Diabetes QI Project Director at (916) 779-6638.

Improving Medication Adherence

According to the California Diabetes Program [2009 Fact Sheet](#), there are **3.7 million Californians with diabetes, or 1 of every 7 people.**

This is a 40% increase in the prevalence of diagnosed diabetes in one decade. Along with the growing prevalence of diabetes is a concern with the many patients who do not take their medications regularly (called medication nonadherence). Medication nonadherence is an issue of quality – patients who do not take their medications regularly are at greater risk of hospitalization and higher mortality rates – but it is also an issue of cost. In the same Fact Sheet, it is estimated that the total health care costs for diabetes treatment in the State is \$24.5 billion.

The CMA Foundation's Diabetes Quality Improvement Project will address the issue of medication nonadherence and will work with our partners, including health plans, physicians, pharmacists and other organizations in the community to support patients in managing and taking their medications as directed by their health care provider. Some potential approaches for improving medication adherence include:

- Developing the health care team – improving the number of “touchpoints” or interactions with health care providers or other trained staff both within and outside the practice to provide checks into patients' adherence.
- Patient engagement- ensuring that patients are educated and counseled appropriately regarding the importance of taking medications properly; may include community level interventions to reinforce and spread important health messaging.
- Use of health information technology (HIT)- electronic disease registries, electronic health records and other HIT systems are powerful tools that can be used by practices to identify patients at high risk for nonadherence and/or identify patients who may not have filled prescriptions, triggering appropriate follow-up by practices for these patients.

Incentivization – some health plans have begun to incentivize practices and/or patients who implement strategies to improve patient adherence as a way to improve health outcomes.

If you have a special interest in addressing the topic of medication adherence and would like to learn more about how you can be involved in the project, please contact Senely Navarrete, Director, Diabetes QI Project at snavarrete@thecmafoundation.org or (916) 779-6638.



DIABETES DOSE (OCTOBER 2010)

Save the Date

PREVENTING Obesity and Diabetes in Children

The Childhood//Diabetes Prevention Task force presents the 2nd Annual Symposium *PREVENTING Obesity and Diabetes In Children: Tools and resources for Healthcare Providers*. There will be a hour and half lunch program and 2 hour dinner program. Participants can attend both or one. **CME and CE will be provided at no cost for participants.**

The meeting will be held at the Health Education Conference Center, at Mchenry Village, in Modesto, CA on October 19, 2010.

For more information call: DMC Foundation at (209) 527-3412

6th Biennial Childhood Obesity Conference: Celebrating Success and Moving Toward Health in All Policies

The biennial Childhood Obesity Conference is the nation's largest, most influential collaboration of professionals dedicated to combating pediatric obesity. The 2011 conference will showcase the latest research, evidence-based best practices, and policy /environmental change strategies.

When: June 28th– July 1st, 2011

Where: Manchester Grand San Diego, CA

Cost:

Early Registration
(before June 13th)

\$350.00

Late Registration: \$400.00

For more information click [HERE](#)

World Diabetes Day

The CMA Foundation is proud to participate in this year's World Diabetes Day (WDD) on **Sunday, November 14, 2010** in Sacramento, California. Senely Navarrete, Director of the Diabetes Quality Improvement Project, is excitedly planning Sacramento WDD events with other leaders who want to increase awareness of the growing rates of diabetes as well as its prevention world-wide.

You can get involved in WDD by encouraging your patients and colleagues to join us on the West Steps of the State Capitol on **November 14 at 5pm**. There will be tasty, healthy food from local restaurants to sample, group exercise activities to participate in and lastly, the Capitol will be lit blue – the official color of the WDD campaign. Click [here](#) for a flyer you can print and distribute to your patients. If you are outside the Sacramento area, consider wearing blue to your practice or office on that day. Or, download and post free patient-focused diabetes posters. They are available in English and Spanish and can be accessed at <http://www.worlddiabetesday.org/materials/campaign-posters/2010>.

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Foundation News

International Walk to School Month is October 2010

According to the 2009 National Household Travel Survey, only 13 percent of children five to 14 years old typically walk or bike to school, compared with 48 percent of students in 1969. Walk to School Month aims to raise awareness about the positive ways walking and bicycling to school helps children and communities.

The CMA Foundation is supporting the California Active Communities Safe Routes to School program in their efforts to promote safe “walking and rolling” to school to ensure that California school children get their daily physical activity.

Safe Routes to School programs aim to improve the safety and walkability of a child's route to school through:

- ⇒ education and encouragement of children and drivers
- ⇒ enforcement of traffic laws in areas around schools
- ⇒ engineering of the street environment in an attempt to control traffic and enhance pedestrian safety



Health care providers around the state can take steps to promote safe —walking and rolling to school among their patients and their families. Providers can encourage parents to walk or bike to school with their children in order to ensure both children and adults get their daily physical activity. Providers can also lend a strong and respected voice to community efforts to prevent pedestrian and bicycle injuries and deaths to children.

Physicians interested in being partnered with local schools to support Safe Routes to School Program activities can contact Vanessa Saetern at vsuertn@thecmafoundation.org or 916/779-6631. For more information about statewide efforts to promote safe routes to school and Walk to School Month,

In the News

Get Smart About Antibiotics Week, November 15-21, 2010

Get Smart About Antibiotics Week is an annual effort to coordinate the work of CDC's **Get Smart: Know When Antibiotics Work** campaign, state-based appropriate antibiotics use campaigns, non-profit partners, and for-profit partners during a one-week observance of antibiotics resistance and the importance of appropriate antibiotic use.

This year, Get Smart Week is scheduled for November 15—21 to coincide with European Antibiotic Awareness Day, November 18.

